Washington, D.C. 20549

Shaaltiel Yoseph Form 4 March 25, 2010

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION **OMB**

OMB APPROVAL

3235-0287 Number:

January 31, Expires: 2005

Estimated average burden hours per response... 0.5

Check this box if no longer subject to Section 16.

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF **SECURITIES** Form 4 or

Form 5 Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, obligations Section 17(a) of the Public Utility Holding Company Act of 1935 or Section may continue. 30(h) of the Investment Company Act of 1940 See Instruction 1(b).

(Print or Type Responses)

Common

Stock

03/25/2010

1. Name and Address of Reporting Person * Shaaltiel Yoseph			2. Issuer Name and Ticker or Trading Symbol Protalix BioTherapeutics, Inc. [PLX]					5. Relationship of Reporting Person(s) to Issuer			
(Last)			•	[2		(Check all applicable)					
(Last)	(First) (Middle)	3. Date of Earliest Transaction (Month/Day/Year)				X Director	10%	Owner		
C/O PROTALIX			02/25/2010					X_ Officer (give title Other (specify			
BIOTHERAPEUTICS, 2 SNUNIT			02/23/2	02/23/2010				below) below) Executive VP, R&D			
STREET S	CIENCE PARK,	POB						Exec	unve vr, kæd		
455											
	4. If Ame	ndment. Da	nte Original			6. Individual or Joint/Group Filing(Check					
				nth/Day/Year				Applicable Line)			
CARMIEL					_X_ Form filed by One Reporting Person Form filed by More than One Reporting Person						
(City)	(State)	(Zip)	Tabl	e I - Non-L	Derivative So	ecurit	ies Acqı	uired, Disposed of	, or Beneficial	ly Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	Executio any	med on Date, if Day/Year)	Code (Instr. 3, 4 and 5) (Instr. 8)				5. Amount of 6. 7. Nature Securities Ownership Indirect Beneficially Form: Direct Benefici. Owned (D) or Ownersh Following Indirect (I) (Instr. 4) Reported (Instr. 4)			
Common Stock	03/23/2010			Code V	Amount 127,300 (1)	(A) or (D)	Price \$ 7.02	Transaction(s) (Instr. 3 and 4) 1,136,454	D		
Common Stock	03/24/2010			S	202,700 (1)	D	\$ 7.08	933,754	D		

50,000

(1)

D

\$7

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

S

Persons who respond to the collection of SEC 1474 information contained in this form are not (9-02)

883,754

D

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required to respond unless the form displays a currently valid OMB control number.

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of	2.	3. Transaction Date		4.	5.	6. Date Exer		7. Tit		8. Price of	9. Nu
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transacti	onNumber	Expiration D	ate	Amou	ınt of	Derivative	Deriv
Security	or Exercise		any	Code	of	(Month/Day/	Year)	Unde	rlying	Security	Secui
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivative	e		Secur	rities	(Instr. 5)	Bene
	Derivative				Securities			(Instr	. 3 and 4)		Owne
	Security				Acquired						Follo
	·				(A) or						Repo
					Disposed						Trans
					of (D)						(Instr
					(Instr. 3,						`
					4, and 5)						
									Amount		
						Date	Expiration		or		
						Exercisable	Date	Title	Number		
						LACICISAUIC	Date		of		
				Code V	(A) (D)				Shares		

Reporting Owners

Reporting Owner Name / Address	Relationships					
	Director	10% Owner	Officer	Other		
Shaaltiel Yoseph C/O PROTALIX BIOTHERAPEUTICS 2 SNUNIT STREET SCIENCE PARK, POB 455 CARMIEL, L3 20100	X		Executive VP, R&D			

Signatures

/s/ Yossi Maimon, POA 03/25/2010

**Signature of Reporting Date
Person

Explanation of Responses:

- * If the form is filed by more than one reporting person, see Instruction 4(b)(v).
- ** Intentional misstatements or omissions of facts constitute Federal Criminal Violations. See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).
- (1) The sales reported on this Form 4 were effected pursuant to a Rule 10b5-1 trading plan.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *see* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.

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